



KANSAS DRUG CONTROL UPDATE

This report reflects significant trends, data, and major issues relating to drugs in the State of Kansas.

Kansas At-a-Glance:

- The number of meth lab seizure incidents in the state of Kansas increased 43%, from 100 incidents in 2007 to 143 incidents in 2009, according to data from the El Paso Intelligence Center's National Seizure System (EPIC-NSS).
- Approximately 7 percent of Kansas residents reported past-month use of illicit drugs; the national average was 8 percent.
- The rate of drug-induced deaths in Kansas is below the national average.

Drug Use Trends in Kansas

Drug Use in Kansas: The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States. In the most recent NSDUH Survey, 6.77 percent of Kansas residents reported using illicit drugs in the past month. The national average was 8.02 percent. Additionally, 3.55 percent of Kansas residents reported using an illicit drug other than marijuana in the past month (the national average was 3.58 percent).

Source: Substance Abuse and Mental Health Services Administration - State Estimates of Substance Use from the 2007–2008 National Survey on Drug Use and Health: <http://oas.samhsa.gov/2k8state/Cover.pdf>

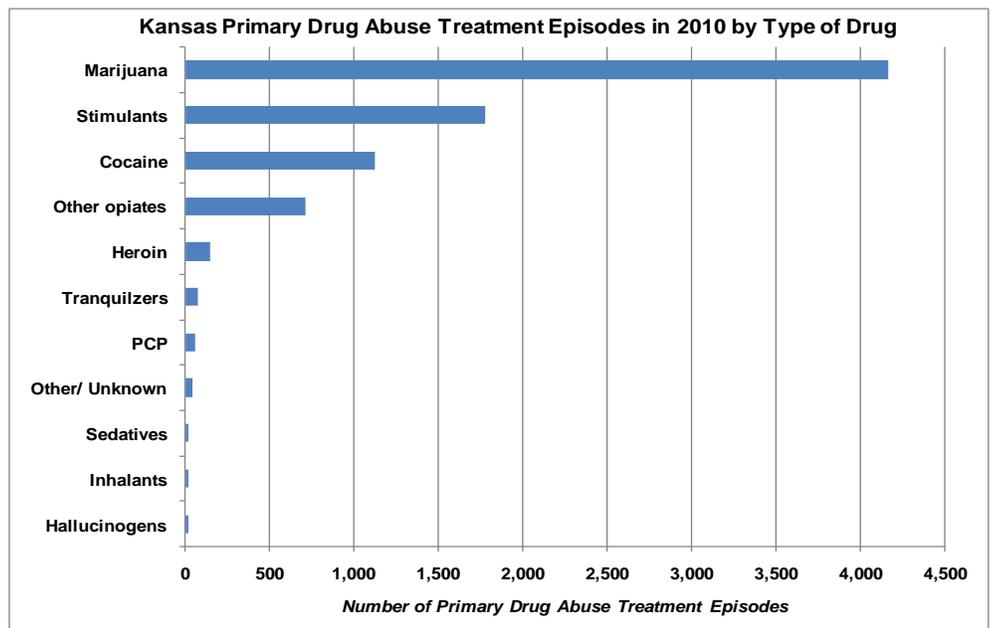
Drug-Induced Deaths: As a direct consequence of drug use, 294 persons died in Kansas in 2007. This is compared to the number of persons in Kansas who died from motor vehicle accidents (447) and firearms (292) in the same year. Kansas drug-induced deaths (10.6 per 100,000 population) were lower than the national rate (12.7 per 100,000).

Source: Centers for Disease Control and Prevention - National Vital Statistics Reports Volume 58, Number 19 for 2007: http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf

Substance Abuse Treatment Admissions Data

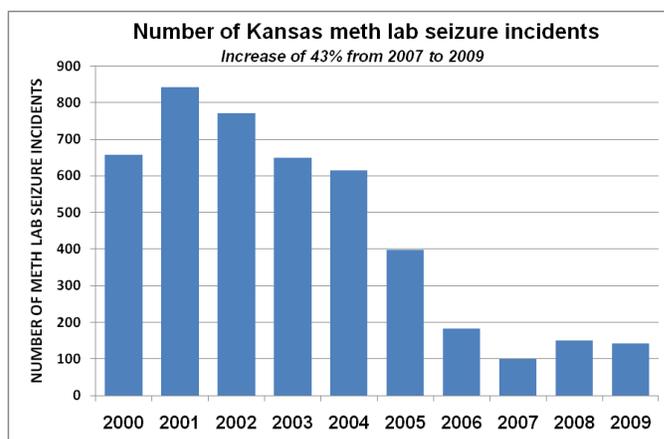
Kansas primary treatment admissions: The graph at right depicts substance abuse primary treatment admissions in Kansas in 2010. The data show that marijuana is the most commonly cited drug among primary drug treatment admissions in the state.

Source: Treatment Episode Data Set, Substance Abuse and Mental Health Services Administration : <http://oas.samhsa.gov/dasis.htm>



Methamphetamine Seizure Data

Methamphetamine Seizures: Nationwide, methamphetamine lab seizures declined drastically following the 2005 Federal Combating Methamphetamine Epidemic Act (CMEA) and similar state laws to control the sale of pseudoephedrine (PSE). Recently, the number of meth labs seized has risen due to “smurfing,” which is the bulk purchase of PSE for non-therapeutic reasons, and due to smaller, more mobile “one-pot” labs. Nationwide, meth lab seizures rose 76% between 2007 and 2009. Meth lab seizures in Georgia have mirrored this overall trend, rising 91% from 2007 to 2009. *Source: EPIC, NSS, extracted*



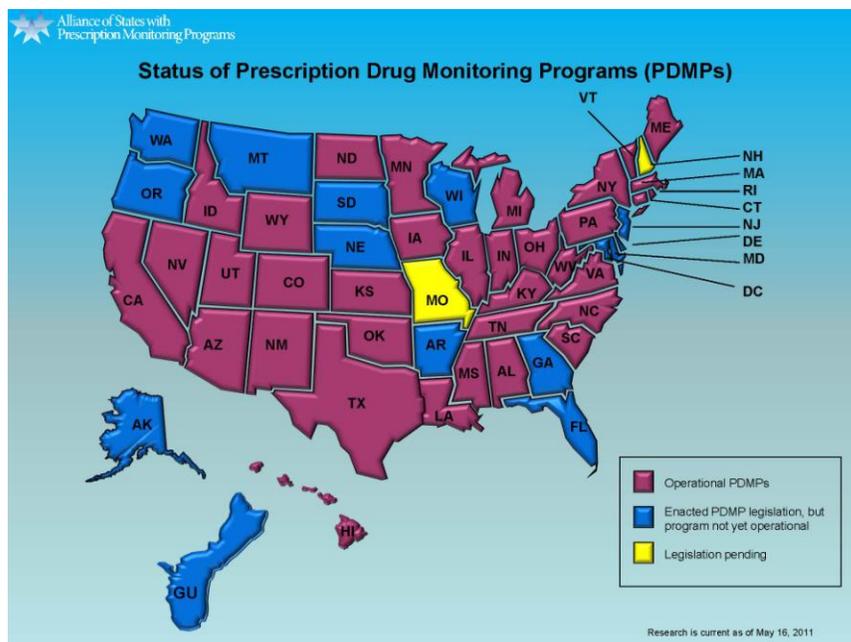
Example of State-Level Action: Return pseudoephedrine to prescription-drug status

Facing a steep increase in meth lab incidents, the state of Oregon returned medicines containing PSE to prescription-drug status in 2006. Several years later, the results are promising, with meth lab incidents declining from a high of 467 in 2004 (prior to enactment of the bill) to 12 in 2009 and Oregon officials reporting a virtual “eradication” of smurfing and meth labs. Experiencing a similar rise in meth lab production and trafficking, Mississippi enacted similar legislation, which took effect on July 1, 2010. Mississippi reports that after six months, there has been a nearly 70 percent reduction in meth-related cases statewide.

Prescription Drug Abuse

ONDCP’s Efforts to Combat Prescription Drug Abuse

Prescription drug abuse is the fastest-growing drug problem in the Nation. The Administration’s Prescription Drug Abuse Prevention Plan, entitled, “**Epidemic: Responding to America’s Prescription Drug Abuse Crisis,**” provides a national framework for reducing prescription drug diversion and abuse by supporting the expansion of state-based prescription drug monitoring programs; recommending secure, more convenient, and environmentally responsible disposal methods to remove expired, unused, or unneeded medications from the home; supporting education for patients and healthcare providers; and reducing the prevalence of pill mills and doctor shopping through enforcement efforts.



State-Level Action: Prescription Drug Monitoring Programs (PDMPs)

PDMPs track controlled substances prescribed by authorized practitioners and dispensed by pharmacies. PDMPs serve a number of functions, including assisting in patient care, providing early warning signs of drug epidemics, and detecting drug diversion and insurance fraud. Thirty-five states have operational PDMP

programs established by state legislation and funded by a combination of state and Federal funds. An additional 13 states have a prescription drug monitoring program authorized, but not yet operational. Adequate resourcing, increasing the number of states with operational PDMPs, and development of state-to-state information-sharing systems would significantly help reduce prescription drug diversion and abuse.

The **Kansas Prescription Drug Monitoring Program**, which became operational in October 2010, monitors prescriptions in Schedules II, III, and IV. The program features a Web-based application called K-TRACS (Kansas Tracking and Reporting of Controlled Substances). The K-TRACS database allows prescribers and pharmacists to access their patients' prescription information to improve pain management and help reduce diversion, addiction, and misuse.

Source: Kansas State Board of Pharmacy: <http://www.kansas.gov/pharmacy/KSPMP.html>

State-Level Action: Drug Take-Back Programs

A comprehensive plan to address prescription drug abuse must include proper disposal of unused, unneeded, or expired medications. Providing individuals with a secure and convenient way to dispose of controlled substances will help prevent diversion and abuse of these substances and demonstrate sound environmental stewardship. Federal rulemaking is underway and will further enhance the viability and scope of state and community take-back programs. In the meantime, states are encouraged to work with the DEA to conduct additional take-back events and educate the public about safe and effective drug return and disposal.

Drugged Driving

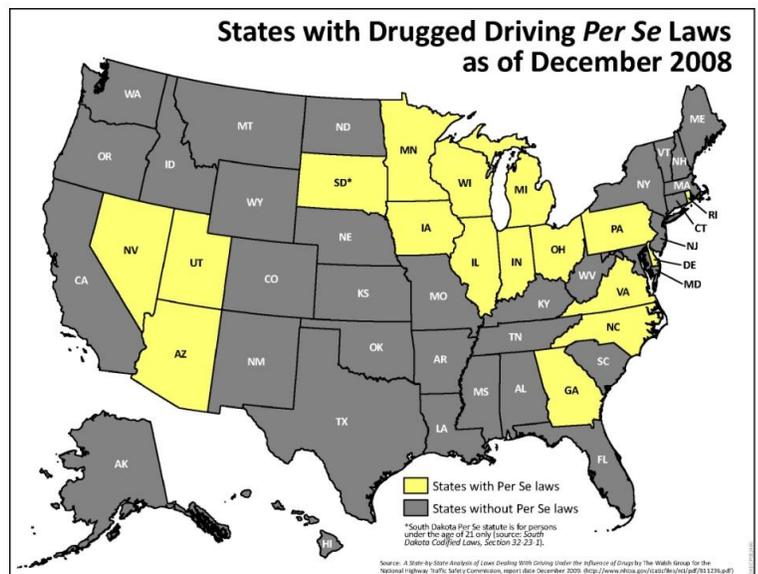
ONDCP Action on Drugged Driving

In 2007, the National Highway Traffic Safety Administration (NHTSA) found that one in eight weekend, nighttime drivers tested positive for illicit drugs. According to recent Fatal Accident Reporting System (FARS) data, one in three motor vehicle fatalities (33 percent) with known drug test results tested positive for drugs in 2009. Recognizing this growing problem, ONDCP is working to raise awareness of the dangers of drugged driving, provide increased training to law enforcement in identifying drugged drivers, and encourage states to consider *Per Se* laws to facilitate effective enforcement and prosecution of those who drive with drugs in their systems.

State-Level Action: Enacting *Per Se* Standards for Impairment

Although all 50 states have laws against drugged driving, law enforcement often lacks adequate tools to enforce and prosecute drugged driving. ONDCP encourages states to develop and implement *Per Se* standards for impairment that make it illegal to drive a vehicle with any detectable level of illegal drugs in the driver's body. This is the same standard used successfully for 12 million commercial drivers in the United States over the past two decades. *Per Se* standards have been adopted in 17 states.

Kansas does not have a *Per Se* standard, but under Section 8-1567, no person shall operate or attempt to operate any vehicle within the state while under the influence of any drug or combination of drugs to a degree that renders the person incapable of safely driving a vehicle. The law further states that no person shall operate or attempt to operate any vehicle in Kansas if the person "is a habitual user of any narcotic, hypnotic, somnifacient, or stimulating drug." Legal entitlement to use the drug is not a defense against a charge of driving under the influence.



ONDCP Support for Community-Based Prevention

National Anti-Drug Media Campaign

ONDCP's National Youth Anti-Drug Media Campaign provides consistent and credible messages (including in Native American and Alaska Native communities) to young people about drug use and its consequences. *Above the Influence*, a major component of the Campaign, informs and inspires youth to reject illicit drugs and drinking via a mix of national and local advertising vehicles. The Campaign, in close partnership with local community-based, youth-serving organizations, also conducts teen-targeted *Above the Influence* activities to assist local groups with youth drug prevention work in their respective communities.

The Drug Free Communities (DFC) Program

Recognizing that local problems require local solutions, Drug Free Communities (DFC) organizations mobilize communities to prevent youth drug use by creating local data-driven strategies to reduce drug use in the community. ONDCP works to foster the growth of new coalitions and support existing coalitions through the DFC grants. In FY 2011, the following Kansas coalitions received grants from ONDCP:

- Impact Coalition (Salina)
- Connect the Dottes
- DCCCA, Inc. (Lawrence)
- Jackson County Communities That Care Coalition

Source: Office of National Drug Control Policy
http://www.ondcp.gov/dfc/grantee_map.html

ONDCP High Intensity Drug Trafficking Area (HIDTA) County Info

The High Intensity Drug Trafficking Areas (HIDTA) program enhances and coordinates drug control efforts among local, state, and Federal law enforcement agencies. In designated HIDTA counties, the program provides agencies with coordination, equipment, technology, and additional resources to combat drug trafficking and its harmful consequences in critical regions of the United States.

Midwest HIDTA Kansas Counties: Cherokee, Crawford, Johnson, Labette, Leavenworth, Saline, Seward, Barton, Sedgwick, Finney, Shawnee, Miami, Franklin, and Wyandotte.

Projects and task forces:

- *Kansas Interdiction Support:* provides operational support to the Kansas Bureau of Investigation for interdiction investigations and improvements to intelligence sharing in the state of Kansas.
- *Topeka Regional Drug Task Force:* multi-agency enforcement task force located in Shawnee County.
- *Kansas Intelligence and Information Exchange:* provides assistance and intelligence coordination and support to the Highway drug interdiction program.
- *Garden City DEA Task Force:* targets major manufacturing, importation, and distribution organizations in southwest Kansas.
- *Southeast Kansas Drug Enforcement Task Force:* targets trafficking and manufacturing organizations in the southeastern counties of Kansas.
- *Wichita DEA Task Force:* targets trafficking and manufacturing organizations in the Wichita Kansas area and the designated counties served by the Wichita Resident Office of the DEA.
- *Kansas City/Overland Park DEA Task Force:* investigates and dismantles methamphetamine laboratories, importation, and trafficking organizations in Kansas and northwest Missouri.
- *Special Assistant United States Attorney:* enhances the resources of the Kansas United States Attorney's Office to aggressively prosecute narcotics trafficking cases at the Federal level, and to cross-designate state prosecutors when appropriate.

Federal Grant Awards Available to Reduce Drug Use in the State of Kansas

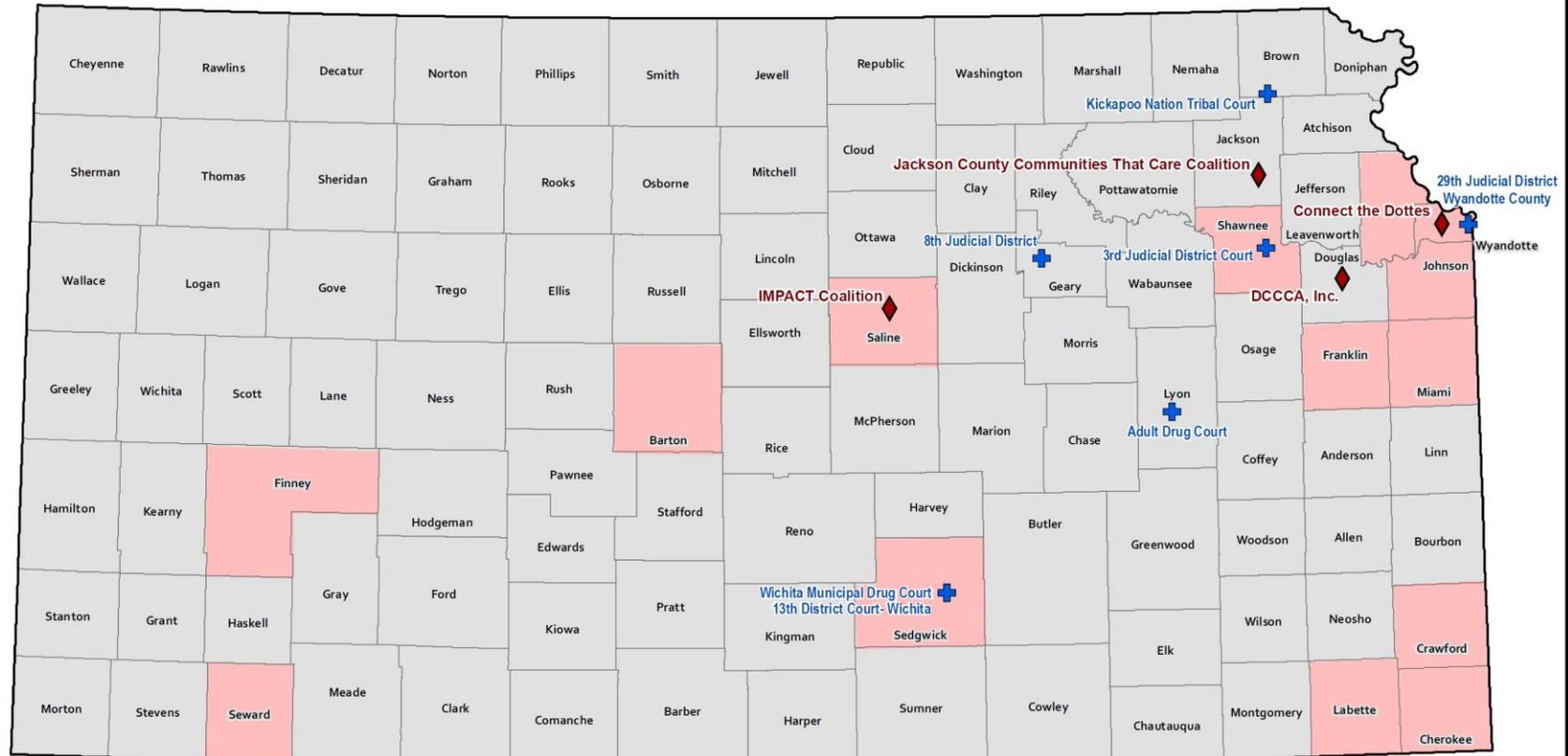
The Federal Government awards competitive grants to help states in their efforts to reduce drug use and its harmful consequences. In FY 2010, direct support was provided to state and local governments, schools, and law enforcement organizations in your state for this purpose. Some Federal grant programs are dedicated to reducing drug use and its harmful consequences while others can be used for reducing drug use or for other purposes. In FY 2010, your State received support under the grant programs shown below.

Federal Grant Awards		2010
Department of Education		
Safe and Drug-Free Schools and Communities_National Programs		3,502,245
Alcohol Abuse Reduction Grants		110,774
Building State And Local Leadership Capacity for Preventing Youth Substance Use and Violence		119,480
Improving The Climate For Learning		2,526,923
Safe Schools/Healthy Students Grants		745,068
Department of Health and Human Services		
Administration for Children and Families		3,029,921
Enhance the Safety of Children Affected by Parental Methamphetamine or Other Substance Abuse		500,000
Mentoring Children of Prisoners		200,000
Promoting Safe and Stable Families		2,329,921
Health Resources and Services Administration		550,000
Healthy Start Initiative		550,000
Immediate Office of the Secretary of Health and Human Services		300,000
Family and Community Violence Prevention Program		300,000
Indian Health Service		227,913
Urban Indian Health Services		227,913
National Institutes of Health		713,300
Discovery and Applied Research for Technological Innovations to Improve Human Health		753,077
Drug Abuse and Addiction Research Programs		(39,777)
Substance Abuse and Mental Health Services Administration		16,687,507
Block Grants for Prevention and Treatment of Substance Abuse		12,333,978
National All Schedules Prescription Electronic Reporting Grant		64,783
Projects for Assistance in Transition from Homelessness (PATH)		366,000
Substance Abuse and Mental Health Services_Projects of Regional and National Significance		3,922,746
Department of Housing and Urban Development		
Assistant Secretary for Community Planning and Development		1,974,505
Shelter Plus Care		1,974,505
Assistant Secretary for Housing--Federal Housing Commissioner		163,200
Shelter Plus Care		163,200
Department of Justice		
Office of Justice Programs		8,836,921
Congressionally Recommended Awards		200,000
Criminal and Juvenile Justice and Mental Health Collaboration Program		479,706
Drug Court Discretionary Grant Program		560,673
Edward Byrne Memorial Justice Assistance Grant Program		4,701,871
Enforcing Underage Drinking Laws Program		356,400
Gang Resistance Education and Training		35,000
Harold Rogers Prescription Drug Monitoring Program		400,000
Juvenile Accountability Block Grants		546,100
Residential Substance Abuse Treatment for State Prisoners		248,520
Second Chance Act Prisoner Reentry Initiative		1,008,651
Tribal Youth Program		300,000
Executive Office of the President		
Office of National Drug Control Policy		3,769,358
High Intensity Drug Trafficking Area Program		3,769,358
Substance Abuse and Mental Health Services Administration		479,228
Drug-Free Communities Support Program Grants		479,228
Grand Total		40,234,098

Note: Report as of 11/30/2010. FY 2009 includes additional grant awards under the Recovery Act. The Federal, State and Local Shares of Medicaid and the Federal Medicare Programs are not included above. File Updated 06/07/2011



Office of National Drug Control Policy Programs in Kansas with Drug Court Locations



- ◆ Drug Free Communities program grantees
- ⊕ Drug Court locations
- Midwest HIDTA counties
- County Boundaries

Source: National Drug Court Institute and ONDCP, September 2011

©ONDCP/2008/EE

